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Attitude of health care professionals regarding Euthanasia across the India

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Abstract
Background: Euthanasia is made up of two words i.e. eu, means "good" and thanatos means "death," which is basically derived from Greek word and early its signified a "good" or "easy" death. Euthanasia is defined as administering a lethal agent by clinician to a patient to relieve him/her from intolerable and incurable suffering. Two types of Euthanasia are practicing in India i.e., "active" or "passive." Active euthanasia in which a clinician deliberately work in such a way to end a patient's life. In Passive euthanasia clinician withholds or withdraws all treatment necessary to maintain life.
Euthanasia Is still not that much used by the clinician in India, not much studies were conducted to evaluate the attitude of nurses towards euthanasia in India; hence, this study was conducted to know the current attitude of nurses towards euthanasia in India.
Material and Methods: In this Descriptive design, all qualified registered nurses working in different hospitals and in teaching institutes all over India were invited to participate. The Euthanasia Attitude Scale (EAS) was used to assess the nurses' attitude towards euthanasia. Out of 200 nurses who fit the criteria, 155 participated in the study 91.1% (n=138) were female and 8.9% (n=17) were male.
Result: In total, 57.4%, 3.2% and 39.5% of nurses reported a negative, neutral and positive attitude to euthanasia respectively. Nurses reported most negative attitude to domain 'practical consideration' and the most positive attitude to the domain 'treasuring life'.
Conclusion: The majority of nurses were found to have negative attitudes to euthanasia. We recommend that future studies should be conducted to examine nurses' attitudes to euthanasia in different cultures and countries all over the world to determine the role of culture and religious beliefs as well as nurses beliefs in different countries all over the world in attitude to euthanasia.

Keywords: euthanasia, attitude, health care professionals

Introduction
Coronary artery disease (CAD) is the leading cause of death and primary cause of attacks and strokes. Coronary artery disease in urban population increased from 3.5% and corresponding changes for the rural population was from 2.4%. There rate appears to the highest in south India. It has been estimated that the India had the highest number of death in the world because of coronary artery disease 2009 nearly 1.8 million is expected. Many factors have been associated with coronary artery disease. They can be categorized as modifiable and non-modifiable factors include elevated serum lipid, hypertension, tobacco use, physical inactivity, obesity diabetic mellitus, and family history [1].
The decreased blood flow may not cause coronary artery disease symptoms. As plaque continues to build up in coronary artery disease. The signs include chest pain, shortness of breathing, heart attack, indigestion, nausea sweating. The symptoms including chest pain heaviness, tightness, burning, squeezing others include dizziness, sweating, jaw pain, back pain arrhythmia. The classic signs and symptoms of heart attack include crushing pressure in chest and pain. The complications such as heart failure, arrhythmia, Chest pain and heart attack [2].

Need for the Study
Global burden disease study estimates of age standardized coronary artery disease death rate of 272 per 10,000 populations in India is higher than global average of 235 per 10,000 population [3].
American Heart Association (AHA) estimates 1.2 million people will have coronary artery disease annually and about 1/4th of these Will an emergency department of before reaching the hospital. Although mortality rate of coronary artery disease increased by 26.3%between

Sir Francis Bacon the English philosopher in early 17th century coined the phrase "euthanasia". Euthanasia and physician-assisted suicide are highly controversial societal issues.

With the expertise and medical technology available in today's world, most diseases can be treated, extending human lifespan and creating a number of moral and ethical problems [1]. One of the most important topics related to these problems is that of euthanasia, a subject that has received attention of experts from varied disciplines [2].

Euthanasia has been classified as either 'active' or 'passive' [3]. In the active type, the patient is the decision-maker and would ask the physician to end his/her life, which is done by an 'act' such as injection of a lethal medicine. For example the physician injects a quick-acting sedative intravenously followed by a paralytic agent to halt respiration Active euthanasia may be voluntary (when the patient has requested to end their life), involuntary (when the patient has expressed a wish to the contrary), or non-voluntary (when the patient who is being killed has made no request to end their life. In the passive type, the patient would refuse his treatment to hasten death without any specific activity to end life [4]. As part of the health-care team, nurses have an important role caring for terminally ill patients. They are often confronted with euthanasia but little is known about their attitudes towards it [5]. In this regard, conducted a study in Finland, examining physicians, nurses and the general publics' attitude towards physician-assisted suicide, active voluntary euthanasia and passive euthanasia in five imaginary patient scenarios (incurable cancer, severe dementia, mental retardation, depression and paralysis) [6]. In Finland, assisted suicide is not considered a crime under the Penal Code [7]. The results showed that passive euthanasia was largely accepted among Finnish medical professionals and the general public. Their study also showed that all forms of euthanasia were more often accepted among nurses with a higher level of religious beliefs compared to other nurses [8].

Similar to Netherlands and Luxembourg, euthanasia has been legislated in Belgium [9, 10]. In Belgium, legislation allows physicians only to perform the euthanasia [7]. In one study in Belgium, researchers investigated the role of nurses in the decision-making, preparation and administration of life-ending medications with a patient's explicit request (euthanasia) or without an explicit request. The results of the study [7].

In another study, examined nurses' attitudes towards euthanasia and physician-assisted suicide from 1509 hospitals, home-care organisations and nursing homes in The Netherlands [12]. More than half of the nurses who participated in this study mentioned that preparing euthanatics and inserting an infusion needle to administer the euthanatics should not be accepted as nursing tasks [12].

A survey by studied nurses (with and without experience on hospice wards), nursing students and family members of patients' attitudes towards euthanasia [13]. They reported that the majority of their respondents were not interested in participating in the process of euthanasia. They also reported that legalisation of euthanasia was rarely favoured by the hospice workers [13].

Materials and Methods

Participants

This study employed as a descriptive design and was conducted in all over India in different states. Using convenience sampling, all qualified registered nurses (n=266) working in different hospitals and teaching institutes were invited to participate in the study through a Google form survey. In India, the government regulates nursing education. Nursing is a profession which is pursued across all over India and after successful completion of nursing educational programs, graduated nurses are automatically granted the status of RN, which is the minimum legal and educational requirement for professional nursing practice [14].

Data collection

Data were collected from February to March 2022. A Google form survey Questionnaire was used which contains a Consent of Participation, Demographic variables questionnaire, and the Euthanasia Attitude Scale (EAS) that were distributed to participants.

Euthanasia was defined as: 'a medical term which refers to easy and intentional termination of a person's life who suffers from an incurable disease with no hope of recovery. It can be divided into two major Types: active and passive euthanasia. In active euthanasia, the patient asks the doctor to end his/her life, which is done by performing an action such as lethal injection, while in passive euthanasia, the patient refuses medications thereby accelerating his/her death without any specific action being carried out. Passive euthanasia: intentionally letting a patient die by withholding artificial life support such as a ventilator or feeding tube.

Participants answered the questionnaire and EAS individually during hours of work and returned the test to their head nurse. At the end of the shift work, the researcher collected the questionnaires.

The Euthanasia Attitude Scale (EAS) was originally developed by Tordella and Neutens to examine the attitude to euthanasia among college students modified and edited the EAS items for assessing social values and ethical judgment of euthanasia [14]. In 2005, Chong and Fokcategorised the 21 items of EAS in four domains: ethical consideration, practical consideration, treasuring life and naturalistic beliefs [15]. The scoring method used in this study was the same as the original design, meaning items ranged from 1 to 5, with 5 indicating strong support for euthanasia, 3 indicating neutral, and 1 indicating strong opposition to euthanasia [16].

Table 1: Nurses responses to items of the Euthanasia Attitude Scale (EAS) (n=155)

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Ethical consideration (11 items)					
1. A person with a terminal illness has the right to decide to die	45(27.4%)	32(20.5%)	14(11.1%)	26(17.4%)	38(23.7%)
2. Inducing Death for merciful reasons is wrong	58(34.2%)	29(18.9%)	35(22.1%)	30(19.5%)	3(5.3%)
3. Euthanasia should be accepted in today's society	15(11.6%)	50(30%)	19(13.7%)	35(22.1%)	36(22.6%)
4. There are never cases when euthanasia is appropriate	31(20%)	21(14.7%)	17(12.6%)	65(37.9%)	21(14.7%)
5. Euthanasia is helpful at the right time and place (under the right	26 (17.4%)	61(35.8%)	13(10.5%)	28(18.4%)	27 (17.9%)

circumstances)					
6. Euthanasia is a human act	9(8.4%)	18(13.2%)	37(23.2%)	44(26.8%)	47(28.4%)
7. Euthanasia should be against the law	43(26.3%)	36(22.6%)	42(25.8%)	25(16.8%)	9 (8.4%)
8. Euthanasia should be used when the person has a terminal illness	22 (15.3%)	52(33.1%)	15(11.6%)	25(16.8%)	41(25.3%)
9. The taking of human life is wrong no matter what the circumstances	51(30.5%)	32(20.5%)	35(22.1%)	36(22.6%)	1 (4.2%)
10. Euthanasia is accepted in cases when all hopes of recovery is gone	22(15.3%)	54(32.1%)	16(12.1%)	29(18.9%)	34(21.6%)
11. Euthanasia gives a person a chance to die with dignity	18(13.2%)	35(22.1%)	31(20%)	32(20.5%)	39(24.2%)
12. Mean of total score for section	2.81 ± 1.08				
Practical consideration (3 items)					
1. Euthanasia is acceptable if the person increasingly old	1 (4.2%)	11 (9.5%)	34(21.6%)	57(33.7%)	52(31.1%)
2. If a terminally ill or injured person is increasingly concerned about the burden that his/her request for euthanasia	9 (8.4%)	35(22.1%)	30(19.5%)	38(23.7%)	43(26.3%)
3. Euthanasia will leads to abuse	50 (30%)	58(34.2%)	35(22.1%)	11(9.5%)	1 (4.2%)
4. Mean total score for section	2.36 ± 0.90				
Treasuring life (4 items)					
1. There are very few cases when euthanasia is acceptable	11 (9.5%)	61(21.1%)	22(15.3%)	33(35.8%)	28(18.4%)
2. Euthanasia should be practiced only to eliminate physical pain and not emotional pain	3 (5.3%)	24(16.3%)	43(26.3%)	40(24.7%)	45 (27.4%)
3. one's job is to sustain and preserve life, not to end it	69(40%)	54(32.1%)	21(14.7%)	10(8.9%)	1 (4.2%)
4. one of the key professional ethics of physician is to prolong lives, not to end lives	63(36.8%)	55(32.6%)	23(15.8%)	11(9.5%)	3(5.3%)
5. Mean total score for section	2.85 ± 0.40				
Naturalistic belief (2 items)					
1. A person should not be kept alive by a machine	17(12.6%)	28(18.4%)	39(24.2%)	43(26.3%)	28(18.4%)
2. Natural death is a cure for suffering	55(32.6%)	61(21.1%)	26(17.4%)	10(8.9%)	3 (5.3%)

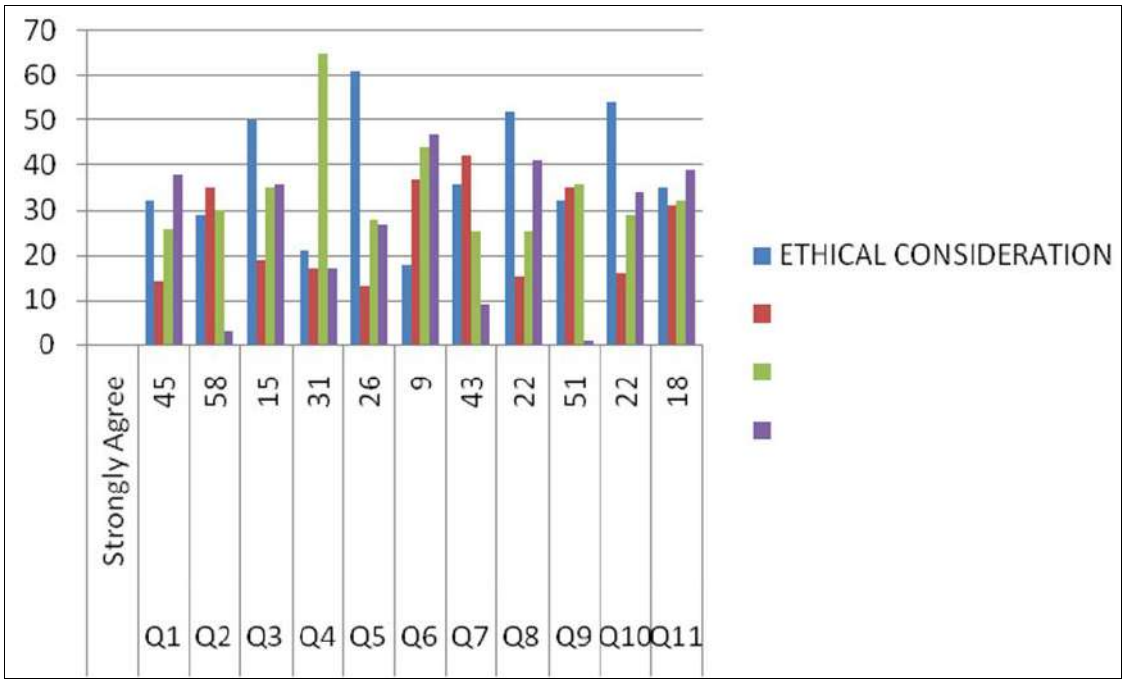

Fig 1: Representing frequency and percentage of ethical consideration of EAS Tools.

Ethical consideration

Ethical Consideration was kept in mind while data collection.

Data analysis

Descriptive statistics, Pearson correlation coefficient and independent sample T-test were used for data analysis. All statistical analyses were performed using SPSS software (v17.0; PASW Statistics) and a variable was considered to be statistically significant if P< 0.05.

Results

Out of 200 nurses, 155 participated in the study. There were four returned questionnaires which were incomplete and thus excluded from the study, therefore analysis was performed on 190 questionnaires (response rate 72.9%). Of the 155 nurses, n=138 (89%) were female and n=17(10.9%) were male. The mean age of participants was 33.3±6.3 years and mean years of experience was 9.2±0.9 years. Some 75% of nurses were married and the rest were single. In total, 57.4%, 3.2% and 39.5% of nurses reported a negative, neutral and positive attitude to euthanasia respectively. Nurses reported the most negative attitude to the EAS domain 'practical consideration' with a mean score of 2.36±0.9 and the most positive attitude to the domain 'treasuring life' with mean of 2.85±0.4.

Table 2: Mean EAS Score of nurses attitudes to euthanasia in each of the four domains

Attitude domains	Less than three: negative attitude	Three: neutral attitude	More than three: positive attitude
Ethical consideration	86(51.1%)	3(2.6%)	66(46.3%)
Practical consideration	124(71.1%)	1(5.8%)	30(23.2%)
Treasuring life	73(44.2%)	56(36.3%)	26(19.5%)
Naturalistic belief	103(66.4%)	39(25.97%)	13(7.63%)

Tables 1 and 2 show nurses' responses to the 4 domains and the 21 items of EAS in detail. The Pearson correlation test showed no significant correlation between mean score of nurses' attitude toward euthanasia and nurses' age (p=0.94). Results of this test also showed no significant correlation between mean score of nurses' attitude toward euthanasia and nurses' years of experience (p>0.05).

Table 3: Mean EAS Score of nurses attitudes to euthanasia with regards to nurses sex and marital status

Attitude domains	Men	Women	p value	Single	Married	p value
Ethical consideration	5.20 ± 3.11	4.77± 3.01	0.102	5.93 ± 3.14	4.77 ± 3.06	0.374
Practical consideration	4.49 ± 0.96	4.34 ± 0.89	0.590	4.25 ± 0.79	4.39 ± 2.93	0.354
Treasuring life	4.86 ± 0.49	4.85 ± 0.41	0.719	4.83 ± 0.45	4.86 ± 2.40	0.660
Naturalistic belief	4.52±1	4.49 ± 0.89	0.601	4.49 ± 1.90	4.18 ± 1.90	0.890
	4.92 ± 0.74	4.69 ± 0.75	0.071	4.21 ± 1.76	4.10 ± 1.75	0.614

Independent t -test also revealed no significant difference between nurses with high and moderate level of religious beliefs; although the mean score of attitudes were higher in nurses with a moderate level of religious beliefs depicted in Table 3.

Discussion

In India, end-of-life care is still a new topic and information about attitudes to euthanasia in Iran is scarce [16]. The present study examines Iranian Muslim nurse's attitudes towards euthanasia. According to the findings, most Indian nurses (60.2%) did not have a positive attitude to euthanasia.

Previous studies in Iran showed similar findings to the results of the present study. In another study, researcher examined the attitudes of nurses towards euthanasia who had experience of caring for dying patients in different wards such as oncology, intensive care unit, neurology and hemodialysis [17].

Similar to our findings, Rastegari *et al*. reported that most nurses have a negative attitude toward euthanasia. In their study, 67.7%, 73.5%, 40% and 80% of nurses reported a negative attitude to active voluntary euthanasia, active non-voluntary euthanasia, passive voluntary euthanasia and passive non-voluntary euthanasia respectively [17]. In another study using the EAS, Moghadas *et al*. (2012), examined critical care nurses' attitudes to euthanasia and reported that most of the nurses have negative attitude to euthanasia.

Similar to euthanasia, 'do not resuscitate' (DNR) order is another ethical issue related to end-of-life decision-making that health-care examined the attitude of 306 nurses towards DNR order, and concluded that most nurses have negative attitudes towards this [8].

A study in Pakistan investigated attitudes of junior and senior Pakistani physicians towards euthanasia. The results showed that the majority of physicians strongly disagree with the practice and legalisation of euthanasia [18].

Previous studies conducted among European countries about nurses' attitudes towards euthanasia have shown different results. In one study, examined Belgian nurses' attitudes towards end-of-life decisions in medical practice. In contrast to the findings presented here, the majority of nurses participating in Inghelbrecht *et al*. study agreed with the practice of euthanasia (92%), practice of withholding/withdrawing potentially life-prolonging treatments and decisions to alleviate symptoms with possible life-shortening side-effects (96%) [7].

In another study, examined French district nurses' opinions towards euthanasia and affecting factors. They reported that 65% of French nurses favoured legalization of euthanasia. The authors also reported that nurses who discuss end-of-life issues with end-stage patients (considered as competent patients and should always be aware of their prognosis) and who appreciate the role of skilled directors and surrogates in the end-of-life decision-making for incompetent patients, were more in favour of Legalising euthanasia [20].

A study in Finland examined physicians, nurses and the general public attitude about physician-assisted suicide, active voluntary euthanasia, and passive euthanasia. This study reported that 46% of 582 nurses who participated in the study agreed that euthanasia would be acceptable in some situations. The results of the study also showed that non-religious nurses and nurses under the age of 50 years accepted euthanasia more often than religious or elderly nurses [7].

Limitations

As this study was based on a convenient sample and the participation was voluntary, there might have been a selection bias which might affect the possibility to generalize the results to all nurses. The data collection time period is one month that might also affect the results to generalize to all nurses.

Conclusion

Among health-care team members, nurses have an important role in end-of- life care, and this study aimed to examine the nurses' attitudes towards euthanasia. The study found that the majority of nurses have a negative attitude to euthanasia. We recommend that future studies should be conducted to examine the nurses with different religious and cultural beliefs to euthanasia, to determine the role of religious and culture beliefs in attitudes to euthanasia among nurses.

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